

## A SYNOPTICAL TABLE

## THORACIC PERCUSSION AND AUSCULTATION.

ARRANGED FROM THE WORKS OF LAENNEC, HOPE, LOUIS, PIORRY, WILLIAMS, AND OTHERS, AND THE LECTURES OF BARTH, ROGER, AND LANBOUZY.

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							AUSCULTATION.				AUSCULTATION.			
PERCUSSION.						OF THE RHONCHL				PHENOMENA OF THE HEART'S ACTION.				
Dissovered by Avenburgger in 1701, but fell into neglect until introduced by Corvivart in 1808.  It is introduced to Corvivart in 1808.  It is introduced or mediate, the latter being performed through the mediant of a pherineter. This may be of ivory, car globurs, a finger, the second of the control of th								I. Tracheal Rhonchus.	PATHOLOGICAL SIGNIFICATIONS.		Systole.	Contraction of the ventricle. Isochron extension of the auriculo-ventricular tion of the arteries, and the first so of one beat.	nous with shock against the walls of the che valves, depression of the sigmoid valves, puls and of the heart. Duration, half of the tir	
PERCUSSION OF THE CHEST IN THE NORMAL STATE.						Tracheal.	Often accompanied with sonoro rattle. Sometimes heard at a distance. Sometimes sensible to the hand		Accumulation of mucus in the tra chea in articulo mortis. Suffocating entarrh.	Rythm.	Diastole.	the second sound of the heart. Duration, quarter of the time of one b		
7	Right Side.  Clear south from some the limit to the edge of the faiter risk.  For some the limit to the edge of the faiter risk.  Sternum.  Grand from its supervice attemity to which an inch and a half or two inche of an inferior extremity. Cardine deliness below this limit.  Clear said from above the circles to the tupple. Cardine distorts from the tupple doperated in one action of two inches. Clear sound of anomaly these this million of the contraction of the contraction of the contraction.  The contraction of the cont				hes		II. Bronchial Rhonchi.			Repose.	Of One Deat.			
Anterior regions.			Clear sound t	rom above the clavicle to the	e nipple. Cardiac dulness from the ni- thes. Clear sound of stomach below	pple this, Sibilor	Acute sound and all Hissing.	Passage of air through bronchi	al Bronghitis gente or chronic		Diminished.	In fat subjects may be reduced to a squi inch of surface.	re	
		Left Side. uperior Half.	and semetic	nes splenic dulness.	rked as the muscles are thicker.	Dry	Grave sounds. Cooing. Snoring.	gg. Passage of air through bronch gg. tubes, the diameter of which diminished, either permanent or transiently, ord. Vibrations of mucus in the bronch	tly Pulmonary emphysema. Compression of bronchial tubes.	Extent of sounds.		In infants, emaciated subjects, and the with narow and deformed chests, and	e n	
Posterior Tregions.		oferior Half.	Hepatic dulne	n both sides, more marked ess at the inferior part of the	right side.	- Sonoroi	Generally heard throughout the	rd. Vibrations of mucus in the bronch			Increased.	extend to sternal and left anterior	Attenuation of the walls of the heart.	
Lateral.	R	light Side.	be Half. Mucellardulness on both sides, more marked as the market and the market				Whole chest.  Bubbles, large or small.		Second stage of acute branchitis			chest.		
regions.						- Humid (Mucons	Of unequal number.	Passage of air through the mucu which fills the larger bronchi.	Second stage of acute bronchitis, or Chronic bronchitis. Softening of tubercles. Hæmoptysis.	Impulse.	Diminished.	tions. Great debility, from loss of blood, dia		
PERCUSSION OF THE CHEST IN THE ABNORMAL STATE.  PATHOLOGICAL SIGNIFICATIONS.						_	piration.	(I. Vesicular Rhonchi.	Hæmoptysis.	Ampuna	Increased.	rhœa, typhus fever, &c.  Active exercise, nervous affections, fever loss of blood, &c.	Hypertrophy of the heart.	
MODIFICATIONS.	-	NAMES.	(The Diseases are arranged in In the two superior thirds of the thorax, and on one side only.  On one or both sides and chiefly at the free radges of the lungs.		Pneumo-thorax. Large excavations from abscess.			11. Vesicular Khoneki.			Diminished.	Extension of the lung over the antend		
Increased sound.	T	ympanitis	On one or both	1	Pulmonary emphysema. Pneumo pericardium.		Bubbles small, equal in volume, very ammerous, circumscribed. Heard in inspiration only. Heard oftenest at the base of the lungs. Almost always on one side. Much more behind than before. Bubbles larger and less regular.	Passage of air through the mucus which fills the pulmonary vesicles, and the minute runnifications of the bronchi.  Passage of the air through the	Sometimes in healthy persons at the instant of a first forcible in-	Intensity of sound.		surface of the heart.  Nervous affections.	Pericarditis with effusion.  Dilation with or without hypertrophy.	
			edges of the		Tubercles. Pneumonitis.	Crepitous.					Increased.	Chlorosis.	Attenuation of the valves.	
			At the summit		Pleuritic adhesions. Pulmonary apoplexy. Aneurisms and accidental productions					NAMES.	CHARACTERS.	OF THE NORMAL SOUNDS.	USES.	
	Dulness, complete o incomplete			base only.	Pneumonitis. Pleuritic effusions.					First sound, or Systolic.	Dull and prolonged Contractio Isochron 'us with the pulse and systole of the ventri- cles.  Clear and short.  Concussion Concussion Extension Extension Extension Extension Extension Extension Extension Extension	Contraction of the muscular fibres of the Concussion of the blood against the wal	ventricles.—Laennee, of the ventricles.—Pigeaux,	
Diminished sound.		mplete or complete.	At the bass onl		Pleuritic adhesions. Tubercles. Pulmonary apoplexy. Œdenia.	Subcrepitous.		Passage of the air through the mucus which fills the pulmonary vesicles and lesser bronchi.  Cavernous Rhonchus.				Percussion of the thoracic parietes by me Extension of the mitral and tricuspid al Extension of mitral and tricuspid values, sion.—Hope.	point of the heart. — Magendie, res. — Ronanet. muscular contraction and muscular exten-	
					Pneumonitis.		ernous cough.		Pulmonary excavations from soft- ened tubercles generally. Abscess. Gangrene. Dilated bronchi.	Second sound, or Diastolic.	Clear and short. Coincides with the	sion.—Hope.  Contraction of the muscular fibres of the Concussion of blood against the base of the Percussion of the thoracic parietes by the Extension of the sigmoid valves.—Rosan Consideration of the sigmoid valves.—Rosan the sigmoid valves.—Rosan consideration of the sigmoid valves.—Rosan consideration of the sigmoid valves.—Rosan consideration of the sigmoid valves.	nuricles.—Laennec. ne pulmonary artery and aorta.—Pigeaux.	
			In the middle th		Pulmonary apoplexy. Accidental productions.	Gurgling.				Silence.	ventricles.	Extension of the sigmoid valves.—Roun  Coincides with the repose of the ventrale	et. Hope.	
					Pleuritic effusions. Pleuritic adhesions. Pneumonitis.	* The mucous rattle				Sitence.		OF THE ABNORMAL SOUNDS.		
			In the whole ex	tent.	Tubercles. Pulmonary Œdema.	† Percussion yields : : Heard at base of t	is attended with clear sound on percussion, dull sound, he lungs in Bronchitis, but at the summit in l	Phthisis.		NAMES.		CAUSES.	Insufficiency of the valves, from	
			At the summit		Tubercles. Pneumonitis. Accidental productions.		AUSCULTATION OF THE VOICE.				Increase of friction in the passage of blood through the ordices and cavities of the heart, from and cavities of the heart, from the control of the valves. Obstructions to free circulation, from inequalities on their starfaces, or in the cavities themselves, or control or of obstructions, from inequalities on their starfaces, or in the cavities themselves, or control or of obstructions, from inequalities of their cavities of the control of obstructions.		Insufficiency of the valves, from 1st. Inequality of their surfaces, 2d. Their adhesion to adjacent surfaces, and	
					Pleuritis. Double pneumonitis.	There is no type of	OF THE NORMAL RESONANCE OF THE VOICE. the normal resonance of the voice: it varying in individuals, must be judged of by co		emorrison, being generally strong if the tone	17	Reflux of blood in consequence of insufficiency of the valves.  Obviruations to free circulation, from inequalities on their		ces, and 3d. Dilatation of the auricule-ventri- cular orifices.	
			At the base of b		Edema. Pulmonary excavations.	of voice is grave, and It is strongest on a le	There is no type of the normal resonator of the voice it varying in individual, must be judged of by comparison, being generally strong if the tone of voice is great, included if it is extended to the control of the bone of the control of the control of the control of the bone, and greater in the right-ride dual in the left.  It is structured on a level with the great broaden tubes at the root of the longs, and greater in the right-ride dual in the left.  Old mean, and more expectably of wearth have a voice naturally approphonous.				the arous orings.		Obstructions, from 1st.Osseous, or cartilaginous formations	
Rodified sound.	So	und of cked pot.	At the semmit of one or both lungs.  Circumscribed puet Dilated bronchi.		Circumscribed pneumo-thorax. Dilated bronchi.	Old men, and more	OF THE ABNORMAL RESONANCE OF THE VOICE.				Variations in the quantity and quality of the blood.  † Friction of inner surfaces of pericardium upon each other.		1st. Osecous, or cartilaginous formations on the valves, or 2d. Coagula in the orifices or cavities, 3d. Contraction of the aortic orifice. Hypercophy, with dilatation. Anemia, Chlorosis, and Nercous affections. Pericarditis.	
AUSCULTATION						NAMES.	NAMES. CAUSES. CAUSES. PATROLOGICAL SIGNIFICATIONS.  Palmonury industries generally.					Anemia, Chlorosis, and Nercous affection  Pericarditie		
Is immediate or mediate, the later being performed through the medium of the Stethoscope.						Bronchophony	Resonance stronger than natural	Vibrations of the voice in the great bronchial tubes, or in dila- ted bronchi.	Pulmonary induration generally. from Hepatization, "Tubereles, "Compression by effusion. Bronchial dilatation rarely.	Busiling sound.	Dryness or glueyne	ss of the pericardium immediately preceding	Commencing period-list	
AUSCULTATION OF RESPIRATION.					ν.		and generally dillused.	ted bronch.	Bronchial dilatation rarely.	sound.	Dryness or glusyness of the pericardium immediately perceding the formation of false membrane.  Stretching of dense and resistant false membranes during the action of the heart.  Pericarditis with false membranes.			
UF NORMAL RESPIRATION.  Inspiration louder and longe than expiration. The latter in many subjects is inaudible.  Inspiration louder and longe than expiration.							Greatest possible resonance of the voice.	Resounding of the voice in a large		New leather sound.	Stretching of dens	rt.	Pericarditis with false membrane.	
						Pestoriloguy.	Resonance circumscribed chiefly at the summit of the lungs, the voice traversing the stethoscope	Conditions necessary to evident	Pulmonary excavation. from softening of tubercles; abscess;	Superstriat gentine sensul,  Calcarcous concretions in the pericandium.  Pericanditis.  Residenciating. Pericand of the parieties of the cheat by the point of the heart. Installed by covering the ear with one hand and striking the hard.				
Modifications according to the different points; the cases. In infants, louder.  Modifications according to the age.  Modifications according to the age.  In adult, varies with individuals. In old persons, more feeble.						Peztornoquy.	to the ear.  Is EVIDENT OF DOUBTFUL, the latter not distinguishable from bronchophony.  Tremulousness of the voice like	situation of the cavity, its capa- city, dryness, and free commu- nication with the bronchial tubes.	Dilatation of the bronchi.	of a with the flagrene Guarder.  This Note, Early, Leve and Maried Search are modifications of the believe search infection a higher degree of consistence of the orders. Personalization of the orders of the heart, and measurement of sights of their valves. Personalization and discussmentation of the sight of the orders of the sight of the order of the sight of the sight of the order of the sight of th				
OF ABNORMAL RESPIRATION.														
NAMES.		Loud Respira	PATRIOLOGICA, BONFICATIONS.  Respiration or Paerile.  Supplementary action of healthy vesicles.*  Supplementary action of healthy more or less distant. Sparmotic asthma?  Crude tubercles,			irt	that of a goal.	Communication of the vibration	Sero-sanguineous?	AUSCULTATION OF THE ARTERIES.				
		Feebleness.		Manage less complete imp	Crude tubercles,	Ægophony.	counter in his mouth—voice of Punch.  Heard mostly near the inferior angle of the scapula, during the first and last few days of pleu-	Communication of the vibration of the voice in the bronchi through a liquid. Conditions necessary to its exist- ence are a thin bed of liquid and elasticity of lung.	Sero-purulent Sero-albuminous Serous Sanguineous  Hemoragic pleurisy.	Intermittent bellows sound, and its modifica-				
	tensity			bility of pulmonary tissue. Slight separation of the lui	Crude tubereles rmea- Emplysema. Moderate pleuring effusions. Moderate pleuring effusions. Longs Compression of the lungs, or broche the form accidental production. Laryngilis, Trachitis, foreign I dies in the laryng or trachea. Pleurite effusions						Obstructions to free circulation from		Compression from external cause. Osseous or cartilaginous depositions.	
	in in			Obstruction to the free pass	age of chi from accidental production Laryngitis, Trachitis, foreign 1	s. Much absolute imp	risy.  ortance cannot be affected to the signs furn	ished by the voice. Bronchophony announ	nces several diseases. Evident pectoriloquy	Continuous	1st. Dimunition of the calibre of the arteries, 2d. Inequalities of their inner surfaces, 3d. Anequalities of their inner surfaces, 4th. Variations in the quantity and quality of the blood-		Aneurism. Varicose Aneurism. Chlorosis, Auemia,	
200	cation			an to the sange	dies in the laryax or trachea.  Pleuritic effusions	Much absolute importance cannot be littleded to the signs furnished by the voice. Hemschopbury amounting several diseases. Evident potentiapper and superiod perpending arguing search text text with two cases in ten of the diseases which they indicate, still they are up as in confirming the diagnosis draws from the other prices of square.			bellows sound. Hruit de diable. or buzzing sound.	Auc. Variations in the quantity and quanty of the stock.		Auemia.		
Vesicular	Modifi			Complete impermeability	Picuritic crusions Pneumo-thorax. the Agglomerated crude tubercles. Temporary obstruction of brone		OF METALAU TINKLING AND PLEURITE RUBBING. (These sends cannels classed in either of the preceding deviation)  Sybliens.							
el respiratio	1	Silence		Separation of lungs from the rietes of the thorax.	of the Agglomerated crade tubercles. Temporary obstraction of brone by mucus or pas. Considerable emphysema. Accidental productions. Pulmonary induration.	NAMES.	Resembles the sound produced by striking a metallic or porcelain cup with the head of a pin. It can	Vibration of air produced by the respiration, cough or voice, at the surface of a liquid in a large cavity in the che to or by the	PATHOLOGICAL SIGNIFICATIONS. Pneumo-thorax with hydro-thorax. " " empyema. Almost always with a fistulous opening between the bronchize	Having examined	a Table of Thorac	a Table of Thoracic Percussion and Auscultation by Dr. C. L. Mitchell, and finding it a corre-		
				Obstruction to the free passa air to the lungs.	Pulmonary induration. Laryngitis, Trachitis, foreign bodies in the larynx or trachea.	Metallies				tion from the highe	st authorities, I take	Professor of	Joseph M. Smith, M. D.,	
					dies in the larynx or trachea.  Pulmonary emphysema.	tinkling.	striking a metallic or porcelain cup with the head of a pin. It can be exactly imitated by dropping water into a decanter three- fourths empty.	falling of a drop of serum, or the bursting of air bubbles on the surface of the limit	opening between the bronchia and pleural cavity. Very rare without perforation. Large pulmonary cavity.	Having examined a Table of Thorasic Perususian and Associations by Dr. C. L. Mitchell, and finding it a correct compila- tion from the highest outlooties, I take pleasure in recommending it as an exceedingly useful and convenient rade access. Market and the support of the convenient rade access. The preference of the Theory and Precision of Jin L. D., Professor of the Theory and Precision of Jin Lin Lin Lin Lin Lin Lin Lin Lin Lin L				
	Harsh—dry.					-	tourins empty.		Pleurisy with effusion.	The "Synopical Table" of Dr. C. L. Michell, appears to me to be an ancurate summary of our existing knowledge, in relation to the subject of Auscultation, and as such, I recommend it to the stand or of that department of medical estimate.  John B. Berg, M. D., Professor of Matters Medica and Medical Arrappendence, in the College of Phys. New York, 14 be Roy Place, Oct. 18, 1839.				
	Prolonged E		xpiration.	Obstruction to the free pass air com the vessicles.	Emphysema.  Hepatization.	Pleuritic-	rally consists in a dry cracking compared to the folding of	with false membranes, in the movements of respiration. Reticulated disposition of the false membrane. (Louis.) Irregular surface of pleura.	Pleurisy with effusion. Resolution of pleurisy with effusion; the absorption of the liquid al- lows the approach of the mem- branes. Interlobular emphysema?					
Brenchial, Harsh and lo tion without		arch and loud-	short inspira- pansion of the	Pulmonary induration, gener Dilatation of bronchi, rarely	derally.  Crude twbereles.  Pleuritic effusions.  Dilatation of bronchi.	rubbing.	Sometimes like the bubbles of mu- cous rattle.  Sometimes sensible to the hand.							
10	vessicles.		-		Pulmonary cavity from tubercle		Accommendation and the second	THE COMMUNICATION OF STREET PROPERTY OF THE PERSONNEL	STATE OF THE PERSON NAMED IN COLUMN SECTION NAMED IN C					
Cavernous Dry and sonorous. Expiration long and slow.		Pulmonary excavation generally. Brenchial dilatation by exception. Dilated bronchi. "pneumonitis." "gangrene.			AUSCULTATION OF THE HEART.  The left edge of the sternum divides the pracocdia into two Nations.			DEAN SIG:—I am satisfied that the table you are preparing for publication will be found extremely useful by the student of Ausculation. A careful examination of it has convinced me that it comins an accurate summary of our actual knowledge of the subject. Its arrangement is excellent.						
Amphorie Lil		ke the sound pro- ing into the mo- ter.	outh of a decan-	n. Passage of air through a	of the lung-	REGIONS.	L(MITS.		CONTENTS.	J. A. SWETT, M. D.				
respiration.	Sometimes in the place of, or aker nating with metallic tinkling		place of, or aker-	blow Person and distantion by exceptions of the line o		Right.	Inferior third of the stermun.  One third of the heart.  From the inferior edge of the cartilage of the third in fix to the superior edge of the secreth, expending one inch and a half to the left of the stermun.  Two thirds of the heart of the right ventricles the left of the stermun.		auticie and superior postuon	New York, Oct 11th, 1839.				
A portion of the	e long	becoming imperme	able to all is differen	ainder takes on an increased action	in order to supply the deficiency.	the Left.	the third rib to the superior ed seventh, extending one inch and	ge of the Two thirds of the heart of the right ventricle.	The left cavities and inferior portion	Paland				
CELL CHARGE THE IN MENT		ocompanied with th	to Emilion?	or rutskinger confor-	MARIE PROPERTY OF THE PROPERTY		THE left of the sternum.			Entered, according to	CONTRACTOR	ear 1839, by C. L. Mitchell, in the Clerk's Office of	the District Court of the Southern District of N. York	

